

## U.S. Army Garrison Schweinfurt EFMP In-Processing Checklist



Sponsor's name & grade/rank \_\_\_\_\_

Sponsor's D.O.B. \_\_\_\_\_ Unit & M.O.S. \_\_\_\_\_

Sponsor's SSN \_\_\_\_\_ DEROS \_\_\_\_\_

Phone numbers (Home/Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Official email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Please fill out the following for all dependents, indicating if he/she is an Exceptional Family Member (EFM) in the last columns and reason for enrollment as medical/educational or both.

NAME	RELATION	DATE OF BIRTH	EFM (Y/N)	Enrolled Med/Ed/Both
<i>Example: Joe Jackson</i>	<i>Son</i>	<i>9 January 1999</i>	<i>Yes/No</i>	

\*Sponsor has been advised that he/she is responsible for keeping the medical and/or special education needs documentation current as EFM condition changes or at least every 3 years whichever comes first. A pending update may delay the assignment order process.

\_\_\_\_\_  
**Sponsor/Family Member Signature**

\_\_\_\_\_  
**Today's Date**

\*\*\*\*\*

ACS staff initials beside the information that has been provided to sponsor/family member today:

- \_\_\_\_\_ Housing modifications/concerns ( Yes / No ) Detail: \_\_\_\_\_
- \_\_\_\_\_ Exceptional Family Member Program (EFMP) brochure/Community Resources Book
- \_\_\_\_\_ Special Needs Accommodation Process (SNAP) brochure
- \_\_\_\_\_ EFM rights/laws & responsibilities information
- \_\_\_\_\_ Individualized Education Plan (IEP) information
- \_\_\_\_\_ Contact information for School Liaison Officer (SLO)
- \_\_\_\_\_ EFMP Respite Care brochure
- \_\_\_\_\_ Referral to other agencies (name of agency \_\_\_\_\_)
- \_\_\_\_\_ EFMP support/community interest group/recreation activity/resource library information
- \_\_\_\_\_ Advised about EFMP enrollment office at Schweinfurt Health Clinic, 354-6722 CIV 09721 96 6722
- \_\_\_\_\_ Advised about EFMP services, including advocacy, reference materials/library, PCS assistance

\_\_\_\_\_  
EFMP Representative

